

Stress-mitigation interventions for parents did not lessen symptoms among kids with asthma

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Stephen J. Teach, M.D., M.P.H., director and principal investigator of IMPACT DC , a care, research and advocacy program focused on under-resourced and largely minority children with asthma. Credit: Children's National Health System

The patient-centered study's premise was straightforward: Since there is a definite link between parents' psychosocial stress levels and asthma suffered by inner city kids, if you provide stressed-out parents effective coping skills, would kids take their medicines more regularly and would their health improve?

A \$2.2 million, first-of-its kind randomized study found no differences between kids with [asthma](#) who received standard care based on National Institutes of Health (NIH) guidelines compared with kids whose [parents](#) received stress-mitigation techniques in addition to evidence-based asthma care. The stress-mitigation techniques were designed by a team at Children's National Health System funded by the Patient-Centered Outcomes Research Institute.

"While it is somewhat disappointing that we did not demonstrate a treatment effect from the parental stress-mitigation techniques, the good news for children suffering from asthma is that all study participants experienced significant increases in symptom-free days, and that's because the NIH guidelines provide state-of-the-art care," says Stephen J. Teach, M.D., M.P.H., who presented the findings May 6 during the 2017 annual meeting of the Pediatric Academic Societies. "Kids in both arms of the study responded well to guideline-based care. The NIH guidelines continue to improve children's health, even for high-risk kids with asthma."

The study team recruited pairs of parents and African American children aged 4 to 12 who had asthma. Sixty percent of the kids were male; their mean age was 6.6 years old. Of the 217 parent/child dyads, 110 were randomized to receive standard care while 107 kids received guideline-based care while their parents participated in four individual sessions with a Community Wellness Coach working on deep breathing,

mindfulness and self-care. Those one-on-one sessions over three months were accompanied by twice-monthly group sessions and supportive text messages over six months.

Nearly 92 percent of parents were "very satisfied" with the stress-mitigation techniques. Days free of [asthma symptoms](#), the primary health outcome researchers tracked among kids, increased significantly for all kids with no significant difference between the two groups. Likewise, six months after the intervention ended when the research team looked at emergency department visits, courses of systemic steroids used, and reported use of inhaled steroids, they saw no difference between the groups. Even examining parental depression and stress levels revealed no significant difference among the two groups of parents.

"The patient-centered intervention was very well received by participants in the single-blind clinical trial. Everyone loved it. Parents have given me hugs in the hallway," adds Dr. Teach, director and principal investigator of IMPACT DC, a care, research and advocacy program focused on under-resourced and largely minority children with asthma. "Still, psychosocial stress-mitigation interventions targeting the parents of at-risk children with asthma did not improve children's asthma outcomes beyond providing NIH guideline-based clinical care alone."

Provided by Children's National Medical Center

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